

AMITIZA PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 6 months

NOTE: *Amitiza is only approvable for patients aged 18 or older*

PA CRITERIA:

- ❖ Approvable for members with chronic idiopathic constipation after trial and failure on a hyperosmotic agent (lactulose, Miralax, or Glycolax) for at least 14 days.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please click [here](#).

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).